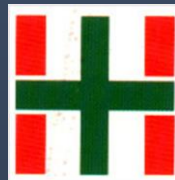




# HOW TO DIAGNOSE VULVAR DISEASES:

Diagnostic approach. Normal findings.

Maria Sol Peremateu, MD



- A wide spectrum of benign, premalignant, and malignant lesions may occur on the vulva.
- Some of the disorders that cause these lesions are limited to the vulva, while others also affect the skin or mucocutaneous membranes in other parts of the body.

- Patients with vulvar problems are assisted by a wide variety of health professionals

Gynecologists  
Dermatologists  
Urologists  
Urogynecologists  
Sexologists  
Pediatricians



Confusion and  
mismanagement

- Another factor that can also generate confusion at the time of diagnosis is the lack of clinical-histological correlation.

- ↳ Close work between the attending physician and the pathologist.
- ↳ Mutual agreement and understanding of the changes in the Classifications and Terminology in force.

- In general, conditions of the skin of the vulva are highly treatable, but the success of the treatment depends on the identification of the specific cause.

*Harvard Health Publications. Harvard Women's Health Watch. Managing common vulvar skin conditions. Proper diagnosis, treatment vital to get relief from vulvar itching and other irritating conditions. Updated: August 27, 2015. [Accessed on December 29, 2016].*

# Medical Record

Name \_\_\_\_\_

Date  
of Birth \_\_\_\_\_

LABORATORY TESTS CONT

in (CRP), Quant	86140	(GEL)
itive Protein (CRP)	86141	(GEL)
ne (Tegretol®)	80156	(GEL)
	82378	(GEL)
	824	(GEL)
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Genetic Test: GEL

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# Medical record

- It is important to do it accurately and carefully.
- It is crucial that the initial interview takes place in a relaxed, sympathetic atmosphere, and especially free of prejudice.



- In this context, a presumptive diagnosis can be reached through the interview, even before the patient is undressed.



Show me your  
medical record.



**How long has been present?**

**Comes and goes?**

**Symptoms associated?**

**Family history of vulvar diseases?**

**Other skin lesions, such as oral, vaginal, or anal lesions?**

**Recent changes in medications, personal care products, or in sex partner?**

**Other non-vulvar symptoms?**

**Onset sudden or gradual?**

**Recent travel?**

**Urine or faecal incontinent?**

**Related to a trauma?**

**Skin care and hygiene routines?**

**Anything improves or exacerbates the symptoms?**





# Medical record



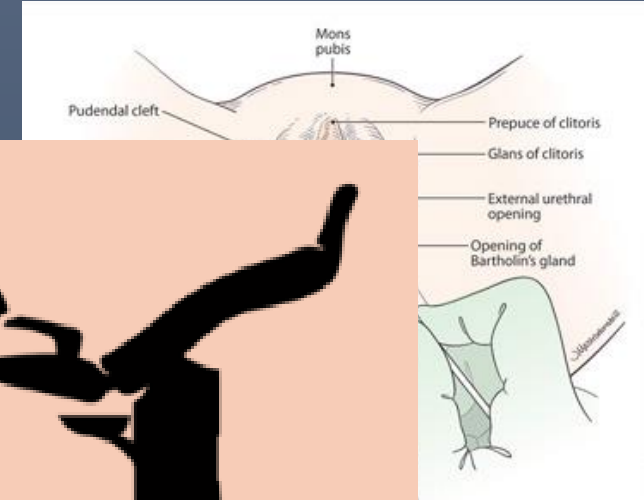
- Physician should also assess how the injury affects the activities of daily living and sexual activity.
- Try to obtain documentation of laboratory studies, biopsy results, and previous treatments, if any.

# Examination



# Examination

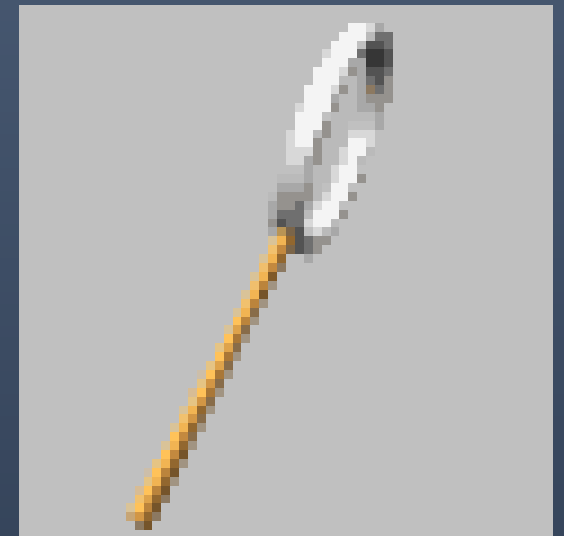
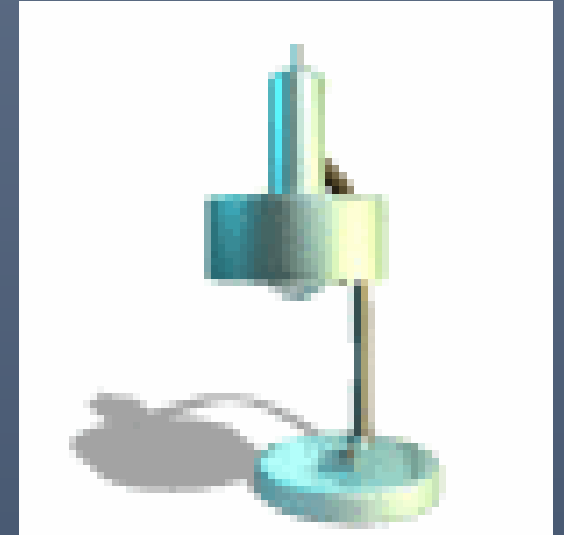
- It should be carried out carefully and with awareness of the possible discomfort of the patient.
- Preferably in a lithotomy position
- Methodical manner, including inspection of the vulva, as well as the perineal area.
- It is useful to have a mirror so the patient can identify the related injury.



- Neill S, Lewis F. Ridley's *The Vulva*. Third edition. John Wiley & Sons, Ltd. 2010
- Margesson L, Haefner H. *Vulvar lesions: Diagnostic evaluation*. Waltham, MA: UpToDate; 2016 [Accessed on December 29, 2016]. Available on [www.uptodate.com](http://www.uptodate.com)

It should be considered that:

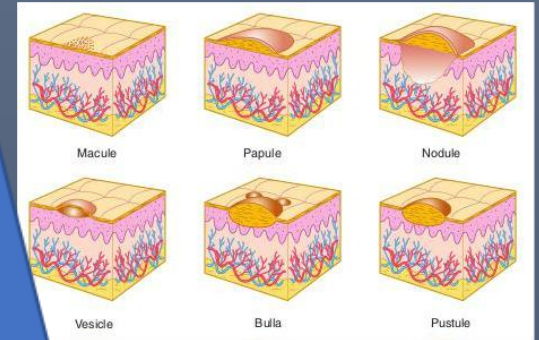
- A good source of light is essential.
- The evaluation should be dynamic, since sometimes the lesion may be hidden between folds.
- It requires a certain form of magnification, like a magnifying glass.



## CHARACTERISTICS OF THE LESION:

- Morphology.
- Size and shape.
- Number, location.

The most useful way to generate a differential diagnosis of vulvar lesions is by the morphological findings and not by the symptomatology, which is often nonspecific.



Chen T, Langston A. Differential diagnosis of vulvar lesions: Diagnostic evaluation. Waltham, MA: UpToDate; 2016 [Accessed on December 29, 2016]. Available on

[www.uptodate.com](http://www.uptodate.com)

Chen T, Langston A. Differential diagnosis of vulvar lesions. Waltham, MA: UpToDate; 2016 [Accessed on December 29, 2016]. Available on

[www.uptodate.com](http://www.uptodate.com)

# Examination

## VULVOSCOPY → USING THE COLPOSCOPE



### Viewing the vulva and vagina

The colposcope is an instrument used to view the cervix, vagina and vulva. It is not put into your body.



- For the study of the vulva, the gynecologists always homologated this organ to the cervix.
- VULVOSCOPY: Transposition of the colposcopic knowledge and its technique in the cervix towards the vulva, aided by acetic acid.

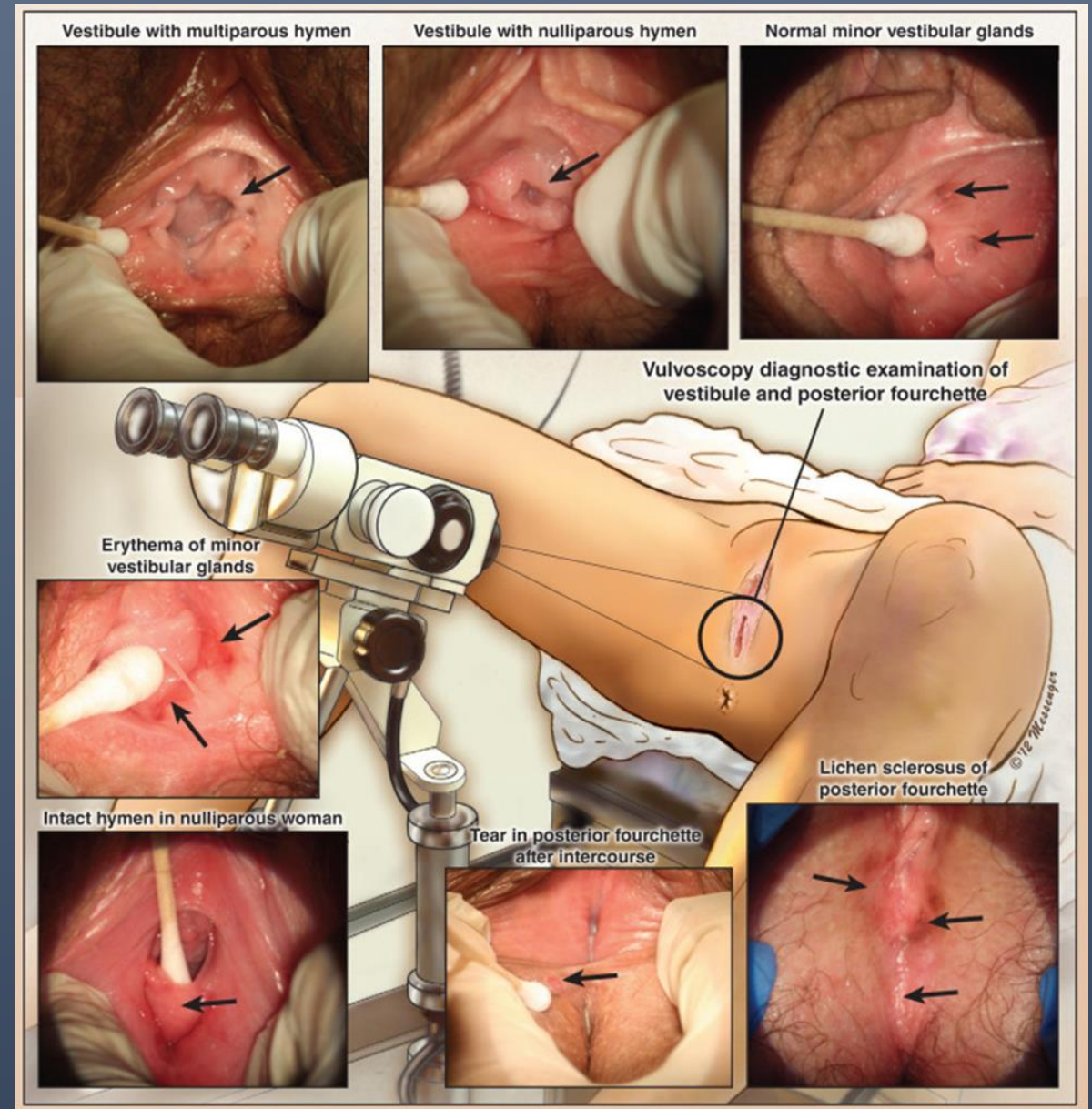


# VULVOSCOPY

The vulva is a very complex organ:

- ✓ Topography: has folded tissues, affected by occlusive environment, including the urinary tract and extends to the anus.
- ✓ Anatomical type: involving mucous membrane, membrane modified mucosa and skin with hair.
- ✓ Histological diversity: contains hair follicles and glands of various types.

In addition, unlike the cervix, the vulva is mainly covered by cutaneous epithelium with a high degree of keratinization, which often shows a pigmentation. These characteristics make the vascular pattern less marked and less reliable.



- Micheletti L, Preti M, La Mónica F. Vulvoscopy should not be intended as colposcopic examination of the vulva. *Arch Med Actual Trac Gen Inf* 2011; 3 (4).
- Kottmel A, Goldstein I. Vulvoscopy. *J Sex Med* 2012; 9: 2990-3





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# Vulvoscopy → Use of toluidin blue (Collins Test)

- Colorimetric test
  - Unacceptable rates of false positives and false negatives
  - Use unjustified for vulvar tissues, since it offers little more than careful examination with the naked eye .
- 
- So...

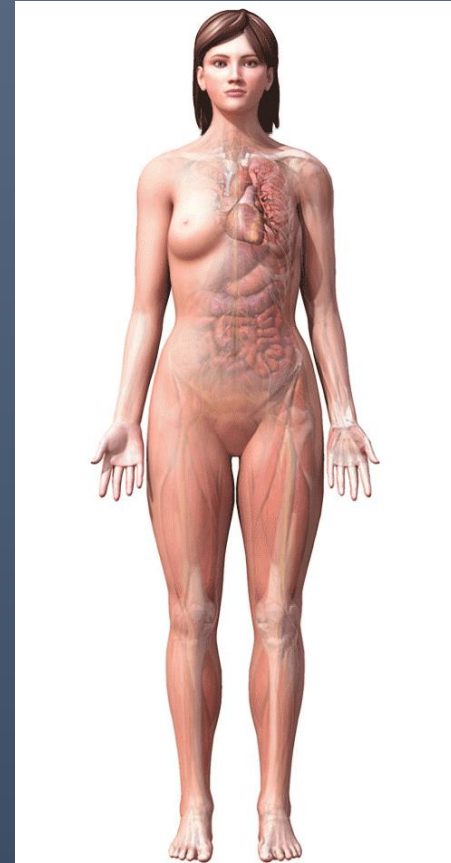
# Examination



Use of Acetic acid and Toluidin blue is not advised, as they may lead to overdiagnosis (and, therefore, to overtreatment) or underdiagnosis.

# Examination

- The anus should be examined at the end of the exam.
- The vagina, cervix, intertriginous regions, eyes, mouth and nose should be examined when the diagnosis is uncertain.
- It may be necessary to perform a pH test of the vagina and take samples of secretions for examination under a microscope or for culture.





# Vulvar Biopsy



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# Vulvar biopsy

- For the well-trained observer, diagnosis of vulvar diseases can be performed frequently on the basis of questioning and physical examination alone.
- However, the histology of the lesion is often necessary.

- When?

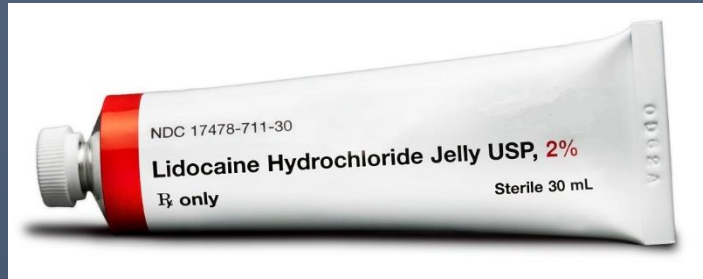
- ✓ Suspicion of malignancy:

- asymmetry
    - irregular borders
    - color variation
    - rapid change of characteristics
    - bleeding
    - ulcers that do not heal.

- ✓ If the diagnosis can not be made with confidence through visual inspection or other non-invasive methods.
  - ✓ If the lesion is not resolved after standard therapy.
  - ✓ To resolve the patient's concerns.



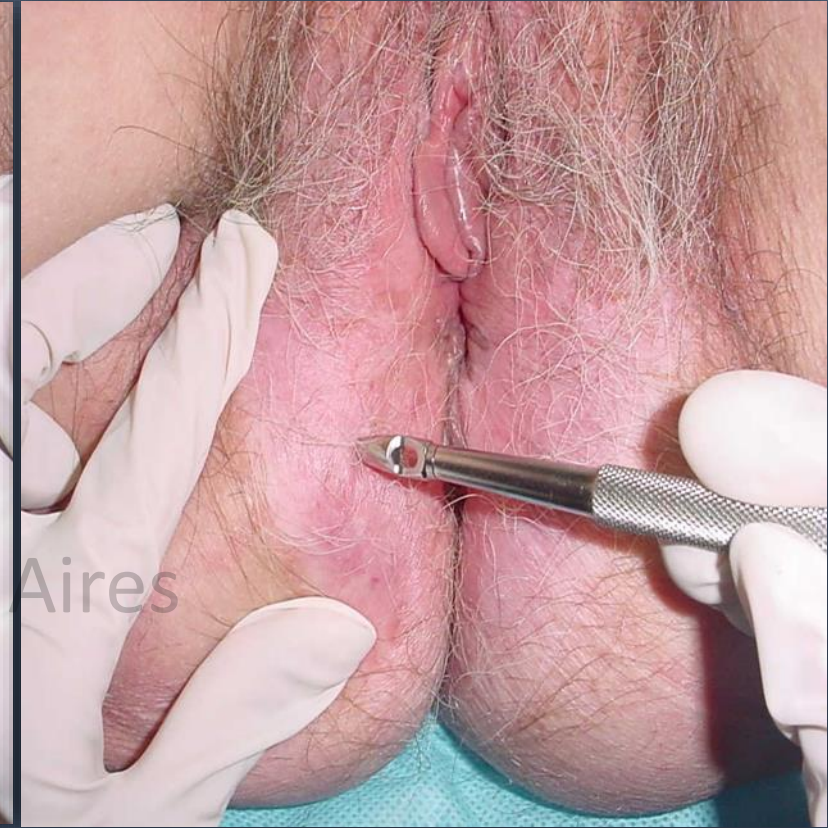
# Vulvar biopsy: METHOD



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# Vulvar biopsy: METHOD



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# Vulvar biopsy: **METHOD**

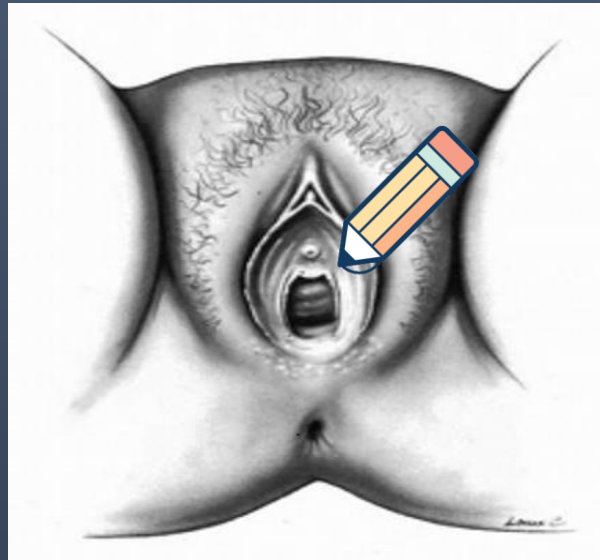


# DIAGNOSIS BY IMAGES

- Imaging methods, such as ultrasound or even MRI can sometimes be used for the evaluation of cystic or subcutaneous lesions.

# DOCUMENTATION OF FINDINGS

- ✓ Written notes.
- ✓ Photography.



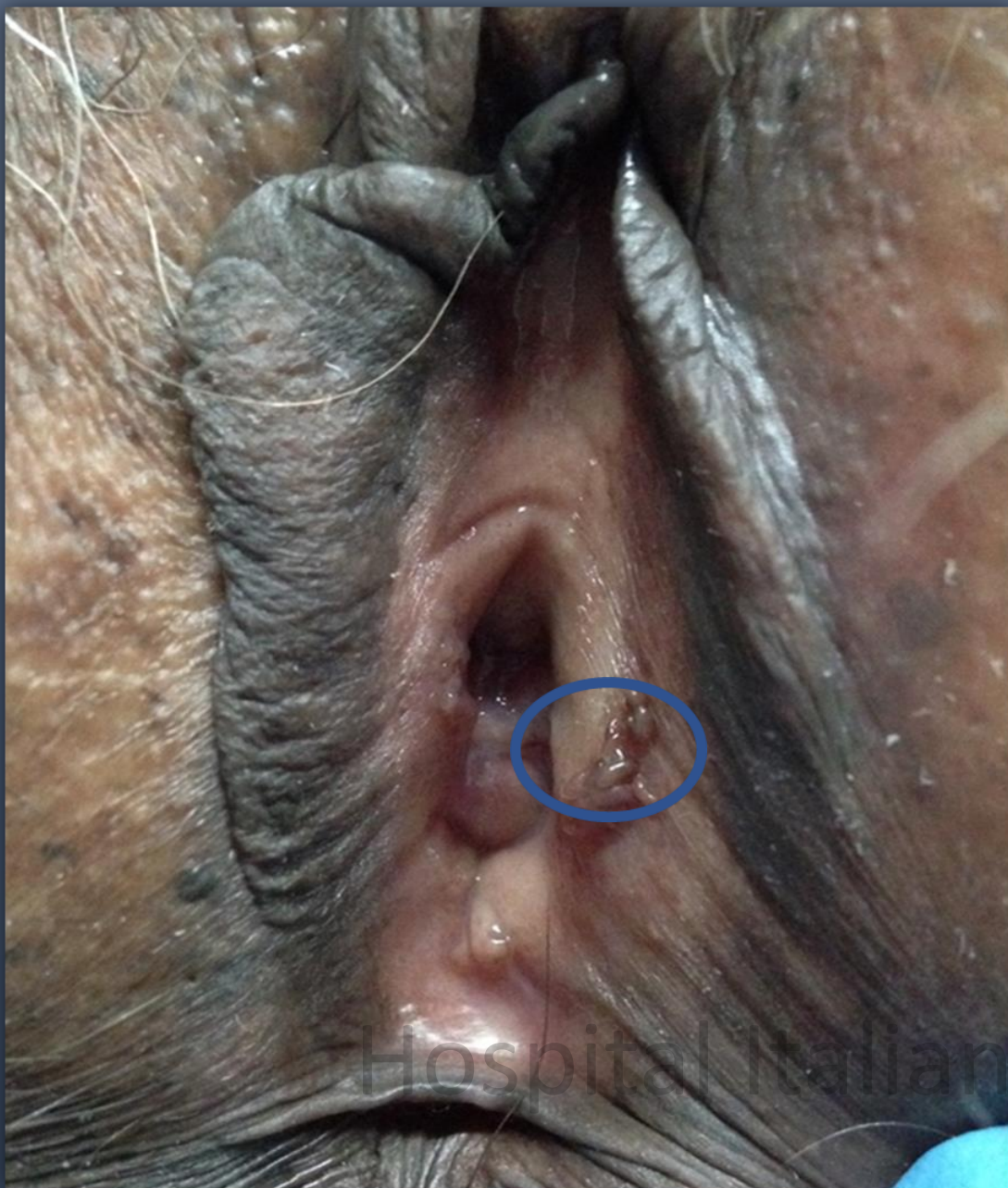
**VULVAR  
NORMAL  
FINDINGS**





**Vestibular papillomatosis**





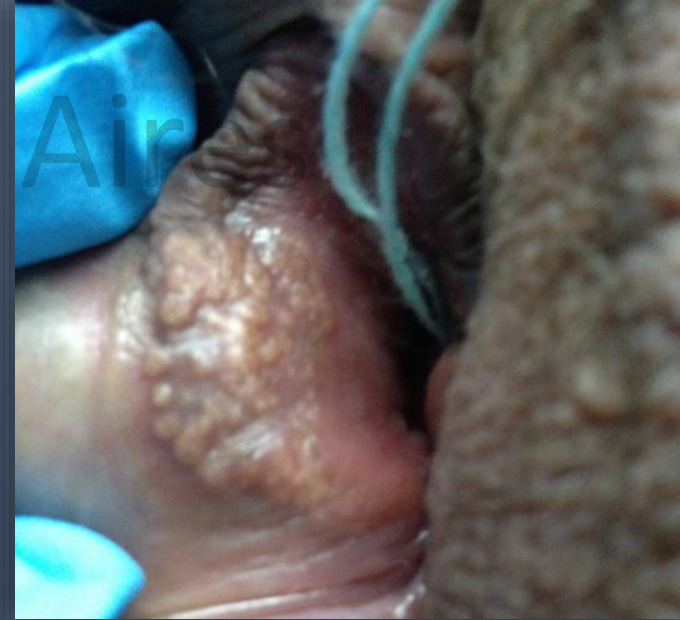
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# Papillomatosis



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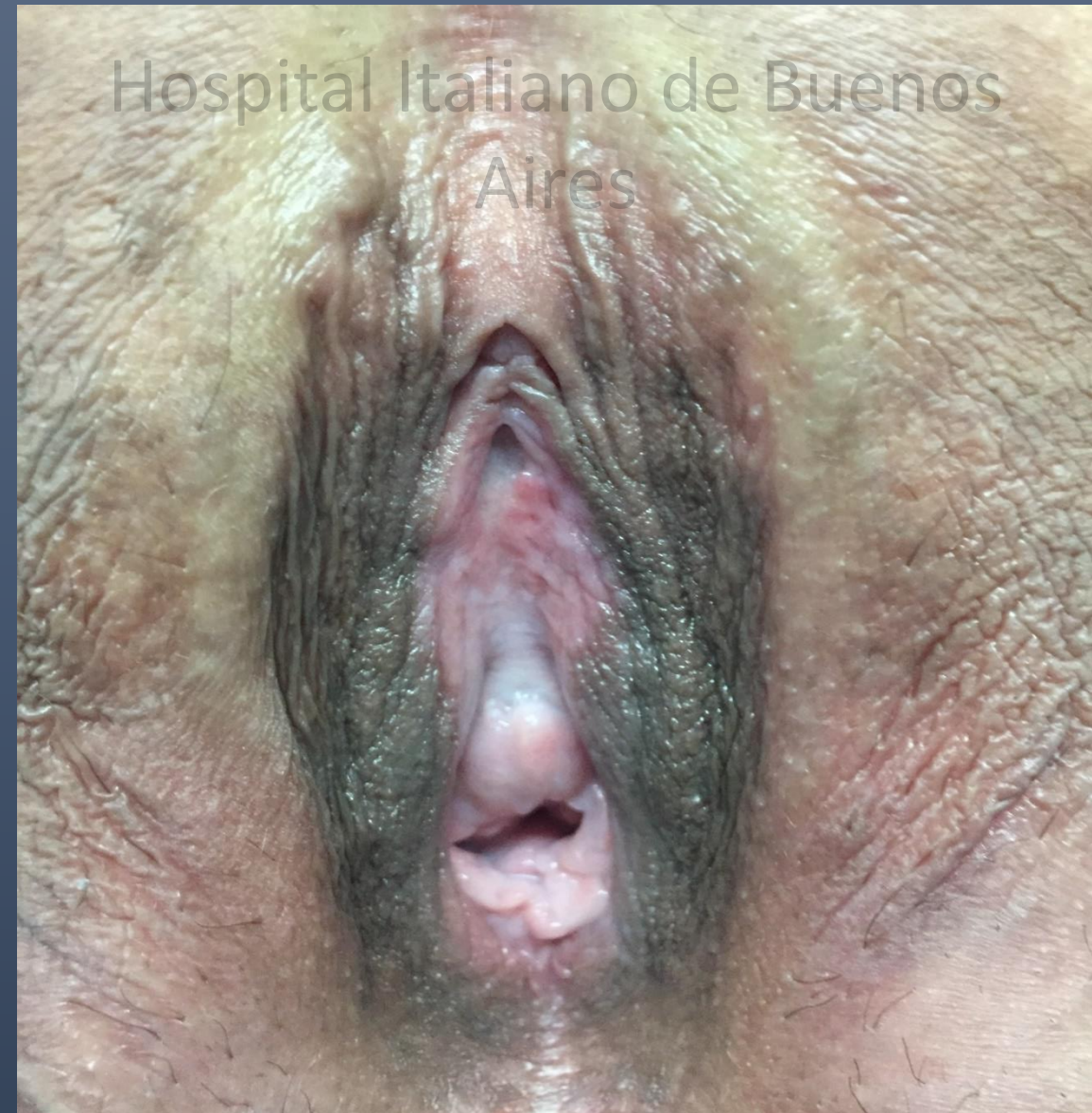
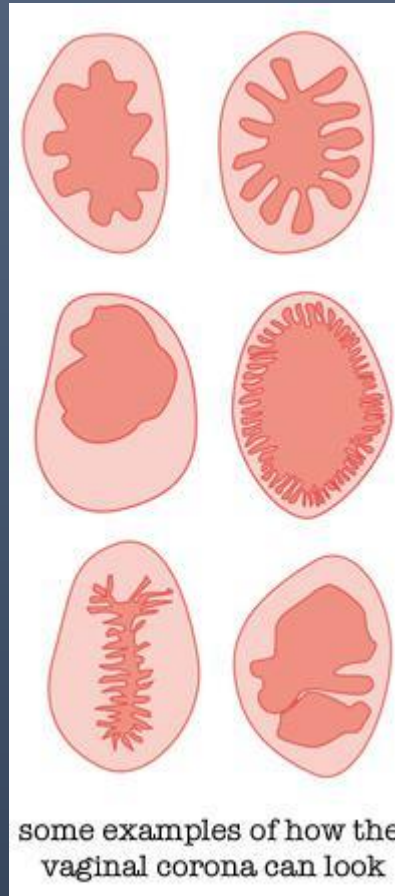
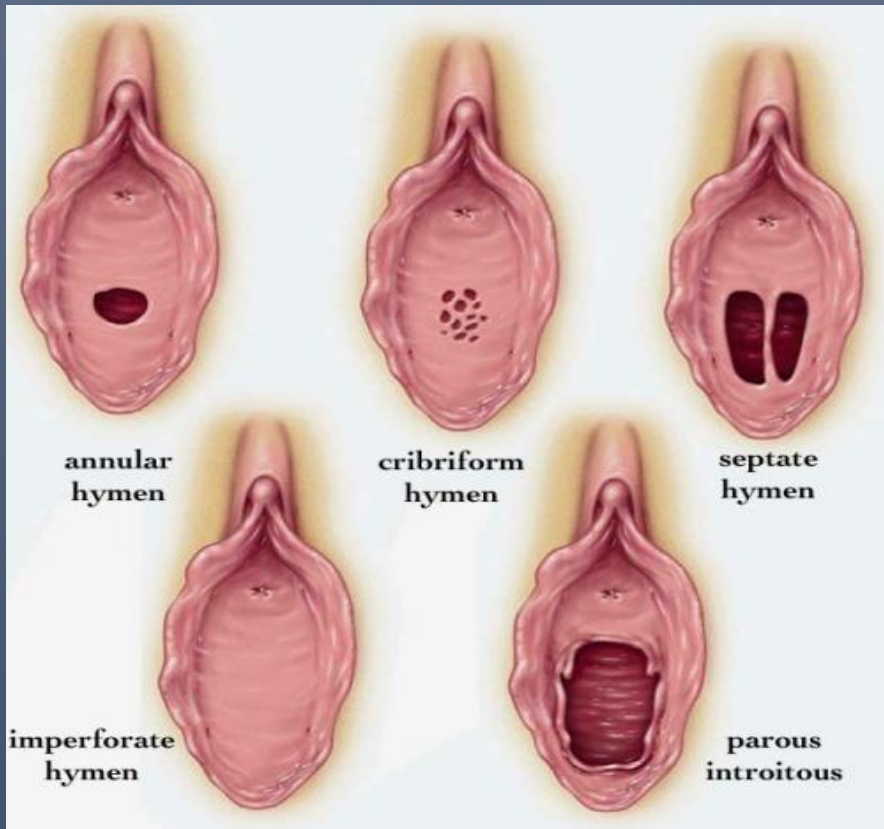




**Fordyce Spots**



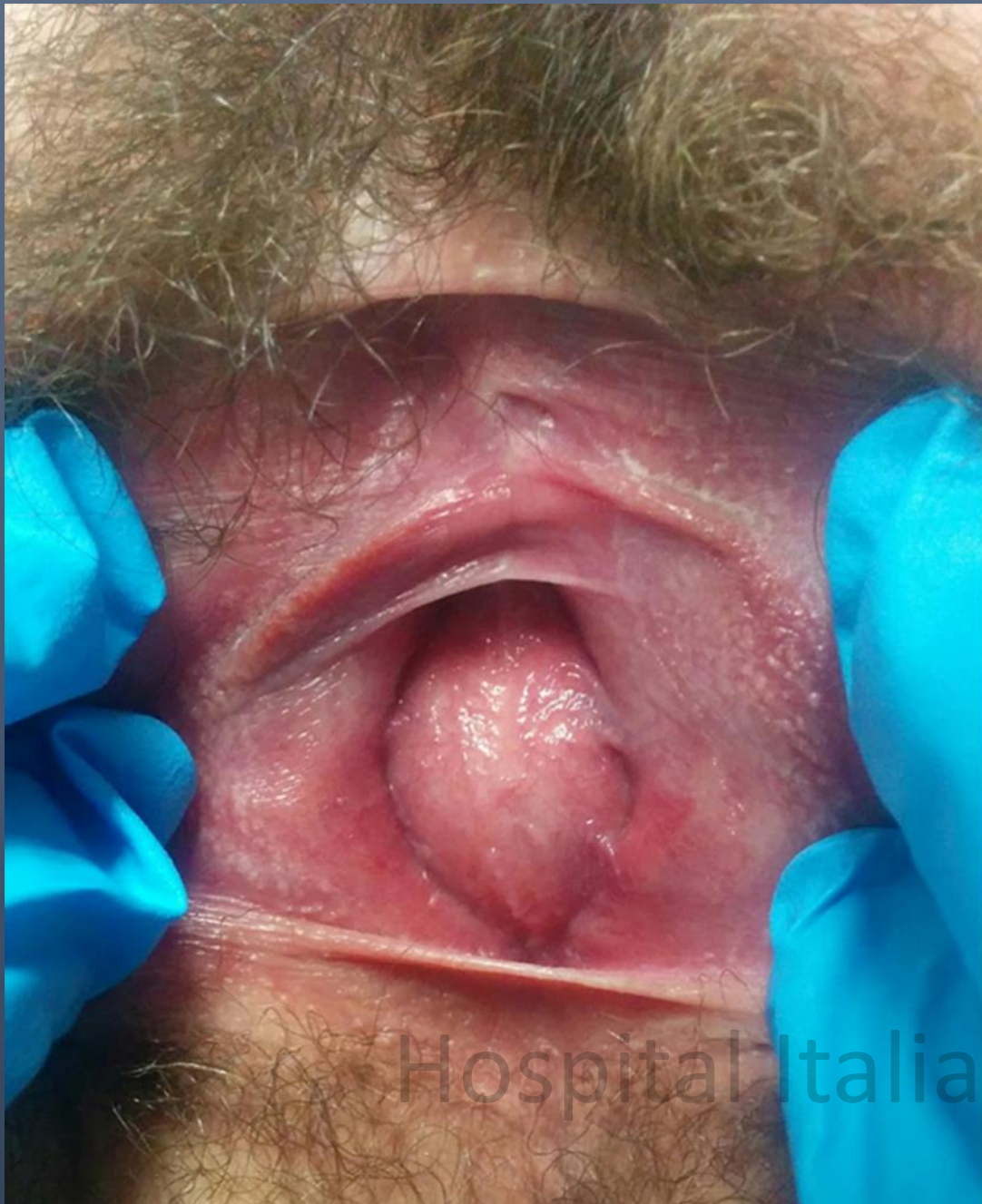
# Hymenal caruncles











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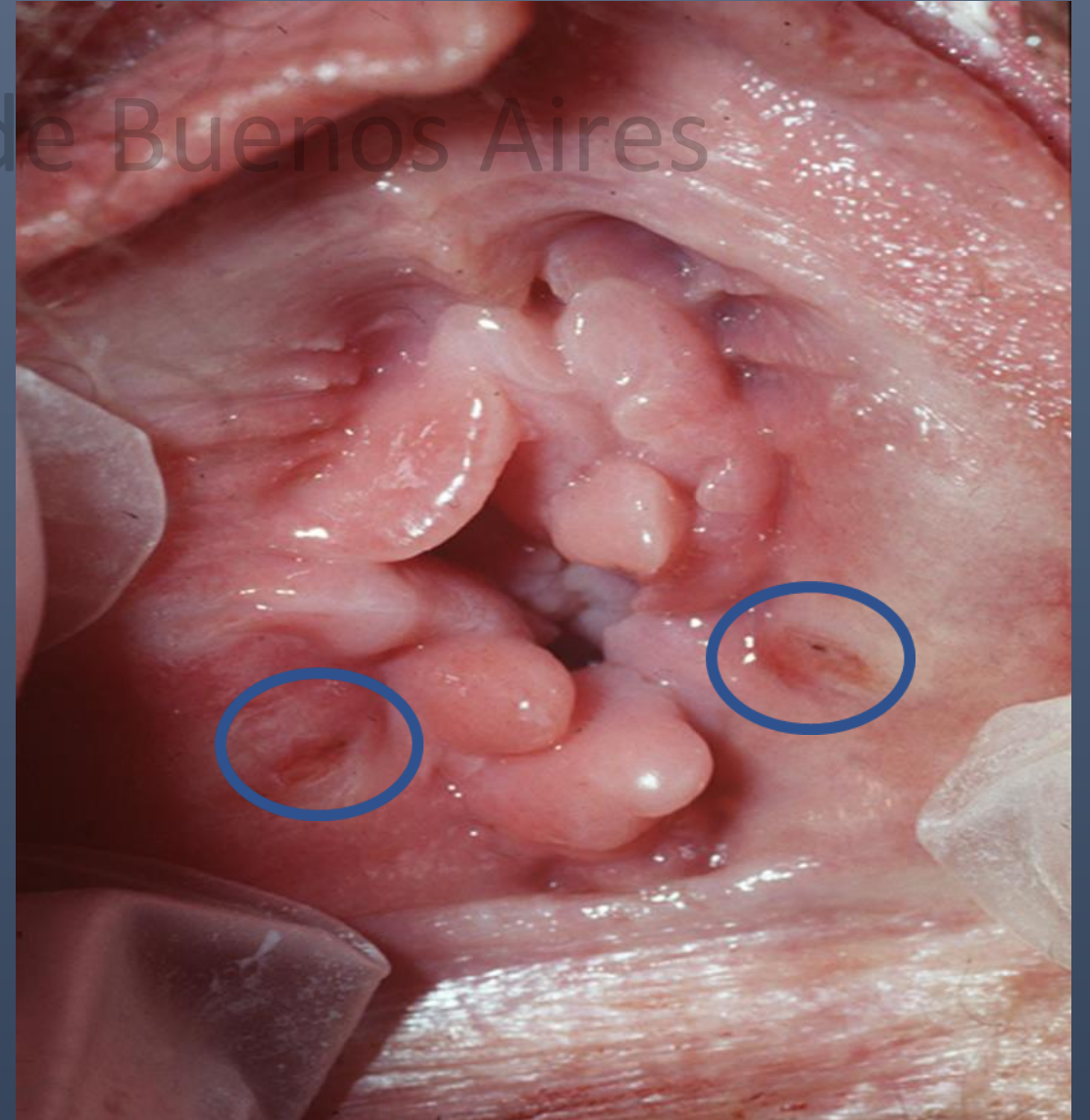




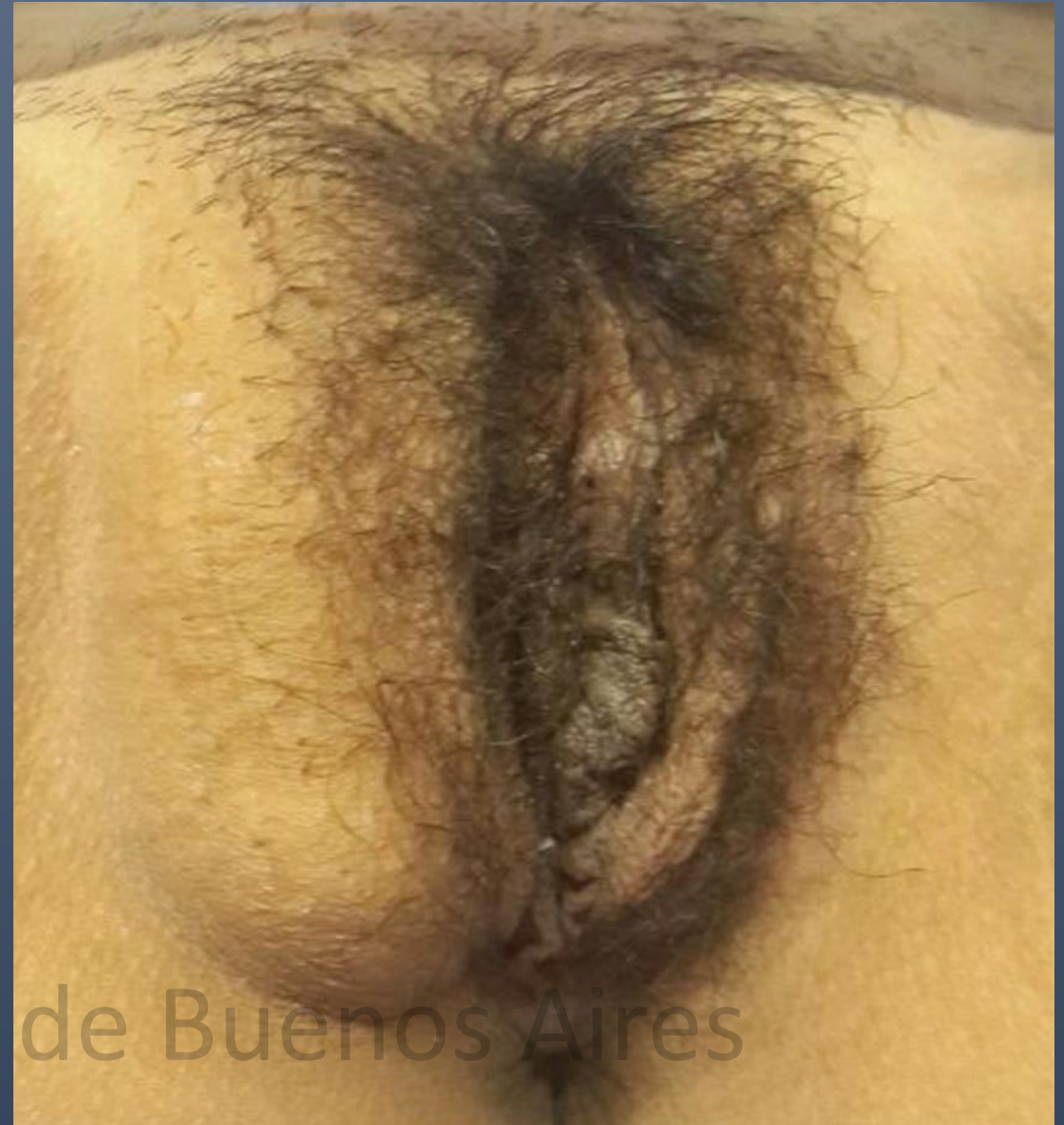
## Skene's ducts



## Bartholin's ducts





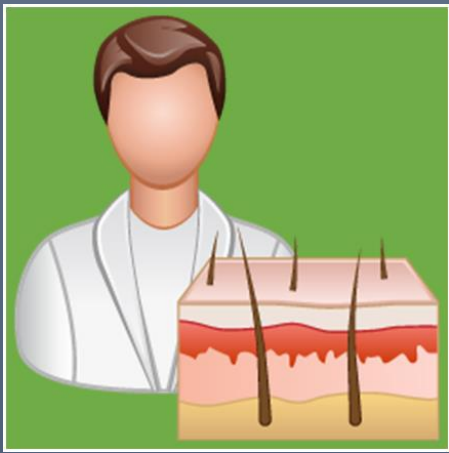


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# Key points

- Lesions in the vulva can be localized or be part of a systemic disease.
- The success of the treatment depends on the identification of the specific cause.
- A correct interrogation and physical examination are generally enough tools to arrive to diagnosis.
- There are findings that are normal in the vulva, and therefore do not require treatment.



Vulva

Urethra

Anus

MULTI DISCIPLINARY



*Thank  
you*

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